

State Injury Profile for Massachusetts

The CDC State Injury Profiles

Gathering and sharing reliable data about the broad range of public health problems is among the many ways the Centers for Disease Control and Prevention protect the safety and health of Americans.

Policy makers and health care workers need access to the best, most current data available so they can make informed decisions about where to allocate limited resources to prevent diseases and injuries. Yet, many people find statistics difficult to understand and interpret. This State Injury Profile offers an easier way to look at statistics. Through maps and graphs, the Profile clearly shows how this state compares with others in the nation and what injury problems are most pressing.

CDC's National Center for Injury Prevention and Control gathers data about a broad range of intentional and unintentional injuries or what many people call 'violence' and 'accidents.' Injuries affect everyone. Injury is the leading cause of death for all Americans ages one to 34, and injury remains one of the leading causes of death, no matter how long someone may live.

Maps and graphs in this State Injury Profile show this state's death rates from in falls, poisoning, drowning, suffocation, fires and burns, suicide, homicide, traumatic brain injury and injuries related to firearms. The graphics show how this state compares with others and with mortality rates in the United States as a whole. You will also find a table showing the Ten Leading Causes of Death for the United States and for this state. **New this year** is a county-by-county map showing locations with higher death rates for each type of injury.

In addition to injury data, you'll also find a list of all CDC-funded injury prevention and research programs in this state for 2001.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention
National Center for Injury Prevention and Control

To learn more

After you page through the State Injury Profile, if you want to know more, CDC has made it easy for you to find additional information about any injury and public health. Simply visit www.cdc.gov/ncipc. Or call the CDC National Center for Injury Prevention and Control, Office of Planning, Evaluation and Legislation at 1-770-488-4936.

These other resources offered or funded by the CDC may also interest you:

General information about injury in America

Customized data reports, www.cdc.gov/ncipc/wisqars

Consumer facts and tip sheets, www.cdc.gov/ncipc/safeusa or call the SafeUSA hotline toll free at 1-800-252-7751.

Intentional Injury

National Resource Center on Domestic Violence, 1-800-537-2238

National Sexual Violence Resource Center, www.nsvrc.org, or call 1-877-739-3895

National Violence Against Women Prevention Research Center, www.violenceagainstwomen.org, or call 1-843-792-2945

National Youth Violence Prevention Resource Center, www.safeyouth.org, or call 1-866-SAFEYOUTH (723-3968)

Violence Against Women Electronic Network (VAWnet), www.vawnet.org, or call 1-800-537-2238

Unintentional Injury

National Program for Playground Safety, www.uni.edu/playground, or call 1-800-554-PLAY (7529)

National Resource Center on Aging and Injury, www.olderadultinjury.org, or call 1-619-594-0986

State Injury Profile for Massachusetts 1989-1998

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United States

10 Leading Causes of Deaths by Age Group: 1996-1998

Rank	Age Groups										Total
	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+	
1	Congenital Anomalies 18,771	Unintentional Injuries 6,087	Unintentional Injuries 4,666	Unintentional Injuries 5,392	Unintentional Injuries 40,525	Unintentional Injuries 37,468	Malignant Neoplasms 51,170	Malignant Neoplasms 135,803	Malignant Neoplasms 260,166	Heart Disease 1,824,785	Heart Disease 2,185,194
2	Short Gestation 11,928	Congenital Anomalies 1,791	Malignant Neoplasms 1,557	Malignant Neoplasms 1,514	Homicide 18,200	Suicide 16,898	Unintentional Injuries 43,925	Heart Disease 105,367	Heart Disease 198,361	Malignant Neoplasms 1,150,087	Malignant Neoplasms 1,620,642
3	SIDS 8,863	Malignant Neoplasms 1,227	Congenital Anomalies 662	Suicide 918	Suicide 12,679	Homicide 15,068	Heart Disease 40,037	Unintentional Injuries 31,208	Bronchitis Emphysema Asthma 30,317	Cerebro-vascular 419,998	Cerebro-vascular 478,181
4	Respiratory Distress Synd. 3,958	Homicide 1,194	Homicide 523	Homicide 908	Malignant Neoplasms 4,976	HIV 14,953	HIV 26,456	Cerebro-vascular 17,196	Cerebro-vascular 29,005	Bronchitis Emphysema Asthma 283,777	Bronchitis Emphysema Asthma 327,640
5	Maternal Complications 3,836	Heart Disease 643	Heart Disease 413	Congenital Anomalies 613	Heart Disease 3,124	Malignant Neoplasms 13,837	Suicide 20,308	Liver Disease 16,797	Diabetes 25,504	Pneumonia & Influenza 235,529	Unintentional Injuries 288,427
6	Placenta Cord Membranes 2,870	Pneumonia & Influenza 494	Pneumonia & Influenza 218	Heart Disease 560	Congenital Anomalies 1,252	Heart Disease 9,843	Homicide 11,138	Suicide 14,916	Unintentional Injuries 21,316	Diabetes 142,639	Pneumonia & Influenza 262,047
7	Perinatal Infections 2,348	Septicemia 245	HIV 194	Bronchitis Emphysema Asthma 287	HIV 883	Cerebro-vascular 2,068	Liver Disease 10,518	Diabetes 12,979	Liver Disease 15,844	Unintentional Injuries 95,191	Diabetes 189,154
8	Unintentional Injuries 2,323	HIV 233	Bronchitis Emphysema Asthma 159	Pneumonia & Influenza 180	Bronchitis Emphysema Asthma 677	Diabetes 1,903	Cerebro-vascular 8,159	HIV 12,892	Pneumonia & Influenza 11,228	Alzheimer's Disease 65,647	Suicide 92,013
9	Pneumonia & Influenza 1,358	Perinatal Period 210	Benign Neoplasms 134	Cerebro-vascular 140	Pneumonia & Influenza 638	Pneumonia & Influenza 1,633	Diabetes 5,622	Bronchitis Emphysema Asthma 8,467	Suicide 8,834	Nephritis 65,296	Nephritis 75,817
10	Intrauterine Hypoxia 1,341	Benign Neoplasms 188	Cerebro-vascular 102	HIV 139	Cerebro-vascular 533	Liver Disease 1,592	Pneumonia & Influenza 4,255	Pneumonia & Influenza 6,493	Septicemia 5,704	Septicemia 54,428	Liver Disease 75,414

United States Total Number of Injury Deaths

Cause	Deaths	Percent
Unintentional Injury	288,427	65.6%
Intentional	151,102	34.4%
Total (1996-1998)	439,529	100.0%

Average Number of Injury Deaths per Year
In the United States = **146,510**

Massachusetts

10 Leading Causes of Deaths by Age Group: 1996-1998

Rank	Age Groups										Total
	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+	
1	Congenital Anomalies 243	Unintentional Injuries 50	Unintentional Injuries 30	Unintentional Injuries 50	Unintentional Injuries 479	Unintentional Injuries 365	Malignant Neoplasms 1,049	Malignant Neoplasms 3,094	Malignant Neoplasms 5,927	Heart Disease 42,726	Heart Disease 49,355
2	Short Gestation 184	Congenital Anomalies 32	Malignant Neoplasms 23	Malignant Neoplasms 26	Suicide 186	Malignant Neoplasms 298	Heart Disease 691	Heart Disease 1,952	Heart Disease 3,671	Malignant Neoplasms 30,915	Malignant Neoplasms 41,450
3	SIDS 92	Malignant Neoplasms 17	Congenital Anomalies 10	Congenital Anomalies 12	Homicide 159	Suicide 297	HIV 542	Liver Disease 350	Bronchitis Emphysema Asthma 504	Cerebro-vascular 9,276	Cerebro-vascular 10,090
4	Maternal Complications 88	Homicide 11	Heart Disease 8	Suicide 12	Malignant Neoplasms 94	HIV 237	Unintentional Injuries 374	Unintentional Injuries 305	Diabetes 473	Pneumonia & Influenza 7,850	Pneumonia & Influenza 8,358
5	Placenta Cord Membranes 68	Heart Disease 10	Benign Neoplasms 4	Heart Disease 11	Heart Disease 61	Heart Disease 197	Suicide 370	Suicide 254	Cerebro-vascular 398	Bronchitis Emphysema Asthma 6,649	Bronchitis Emphysema Asthma 7,425
6	Respiratory Distress Synd. 63	Bronchitis Emphysema Asthma 8	Pneumonia & Influenza 4	Homicide 10	Congenital Anomalies 20	Homicide 105	Liver Disease 209	Cerebro-vascular 249	Liver Disease 306	Diabetes 3,275	Diabetes 4,115
7	Perinatal Infections 33	Pneumonia & Influenza 7	Bronchitis Emphysema Asthma 3	HIV 4	Bronchitis Emphysema Asthma 16	Diabetes 35	Cerebro-vascular 117	Diabetes 235	Unintentional Injuries 250	Nephritis 2,439	Unintentional Injuries 3,902
8	Intrauterine Hypoxia 24	Benign Neoplasms 4	Septicemia 3	Anemias 2	HIV 9	Liver Disease 34	Diabetes 95	HIV 207	Pneumonia & Influenza 228	Unintentional Injuries 1,980	Nephritis 2,726
9	Unintentional Injuries 19	Bronchitis 3	Homicide 3	Cerebro-vascular 2	Pneumonia & Influenza 9	Pneumonia & Influenza 33	Pneumonia & Influenza 91	Bronchitis Emphysema Asthma 162	Septicemia 169	Alzheimer's Disease 1,947	Septicemia 2,244
10	2 Tied	Meningo-coccal 3	3 Tied	5 Tied	Cerebro-vascular 8	Congenital Anomalies 32	Homicide 75	Pneumonia & Influenza 121	Nephritis 155	Septicemia 1,926	Alzheimer's Disease 1,985

Massachusetts Total Number of Injury Deaths

<u>Cause</u>	<u>Deaths</u>	<u>Percent</u>
Unintentional Injury	3,902	66.7%
Intentional Injury	1,945	33.3%
Total (1996-1998)	5,847	100.0%

Average Number of Injury Deaths per Year
In Massachusetts = **1,949**

1996-1998 Leading Causes of Death

Unintentional Injury

United States Unintentional Injury

<u>Cause</u>	<u>Deaths</u>	<u>Percent</u>
MV Traffic	127,053	44.1%
Fall	35,745	12.4%
Poisoning	30,474	10.6%
Suffocation	13,325	4.6%
Drowning	12,416	4.3%
Fire/Burn	10,809	3.7%
Other Causes	<u>58,605</u>	<u>20.3%</u>
	288,427	100.0%

Massachusetts Only Unintentional Injury

<u>Cause</u>	<u>Deaths</u>	<u>Percent</u>
MV Traffic	1,419	36.4%
Fall	545	14.0%
Suffocation	291	7.5%
Drowning	172	4.4%
Fire/Burn	167	4.3%
Other Causes	<u>1,308</u>	<u>33.5%</u>
	3,902	100.1%

Intentional Injury

United States Suicide

<u>Cause</u>	<u>Deaths</u>	<u>Percent</u>
Firearm	53,156	57.8%
Suffocation	16,469	17.9%
Poisoning	15,280	16.6%
Other Causes	<u>7,108</u>	<u>7.7%</u>
	92,013	100.0%

Massachusetts Only Suicide

<u>Cause</u>	<u>Deaths</u>	<u>Percent</u>
Suffocation	537	36.1%
Firearm	432	29.0%
Poisoning	328	22.0%
Other Causes	<u>191</u>	<u>12.8%</u>
	1,488	99.9%

United States Homicide and Legal Intervention

<u>Cause</u>	<u>Deaths</u>	<u>Percent</u>
Firearm	39,951	67.6%
Cut/Pierce	6,955	11.8%
Suffocation	2,147	3.6%
Other Causes	<u>10,036</u>	<u>17.0%</u>
	59,089	100.0%

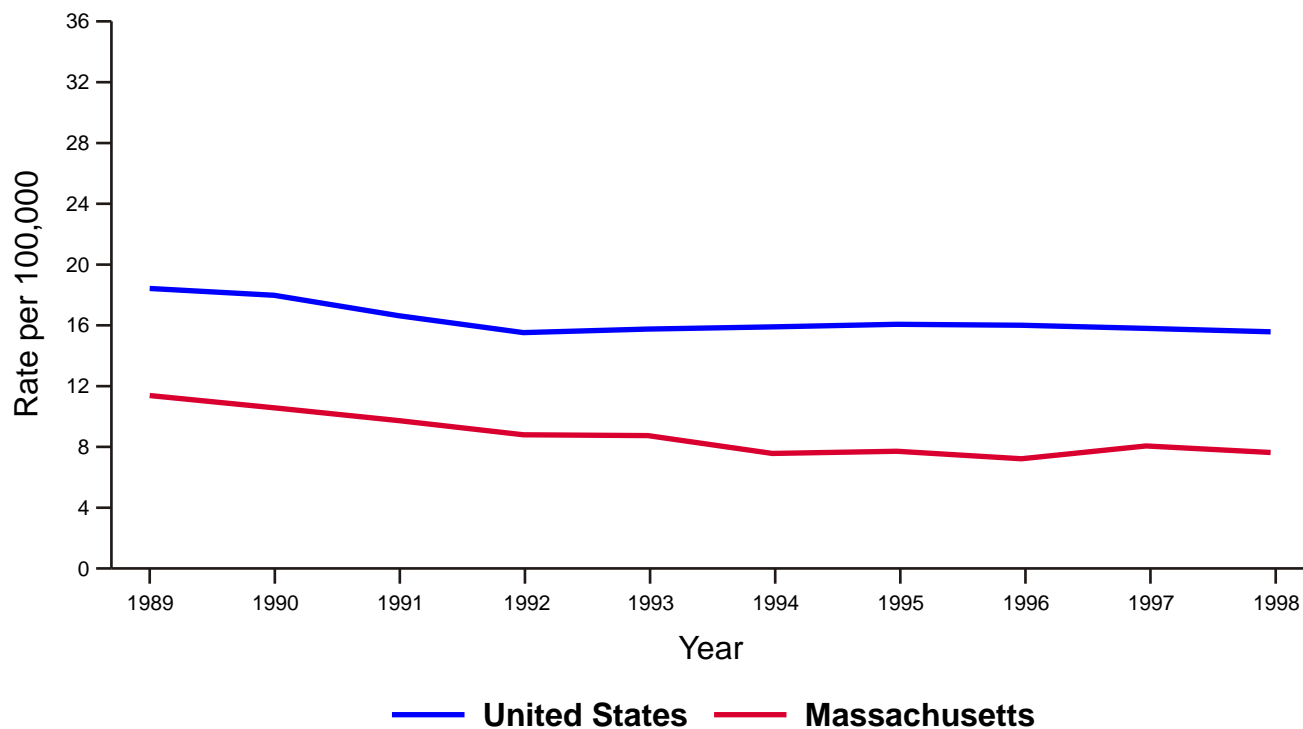
Massachusetts Only Homicide and Legal Intervention

<u>Cause</u>	<u>Deaths</u>	<u>Percent</u>
Firearm	229	50.1%
Cut/Pierce	103	22.5%
Suffocation	20	4.4%
Other Causes	<u>105</u>	<u>23.0%</u>
	457	100.0%

Unintentional Motor Vehicle, Traffic-Related Death Rates United States, 1996-1998



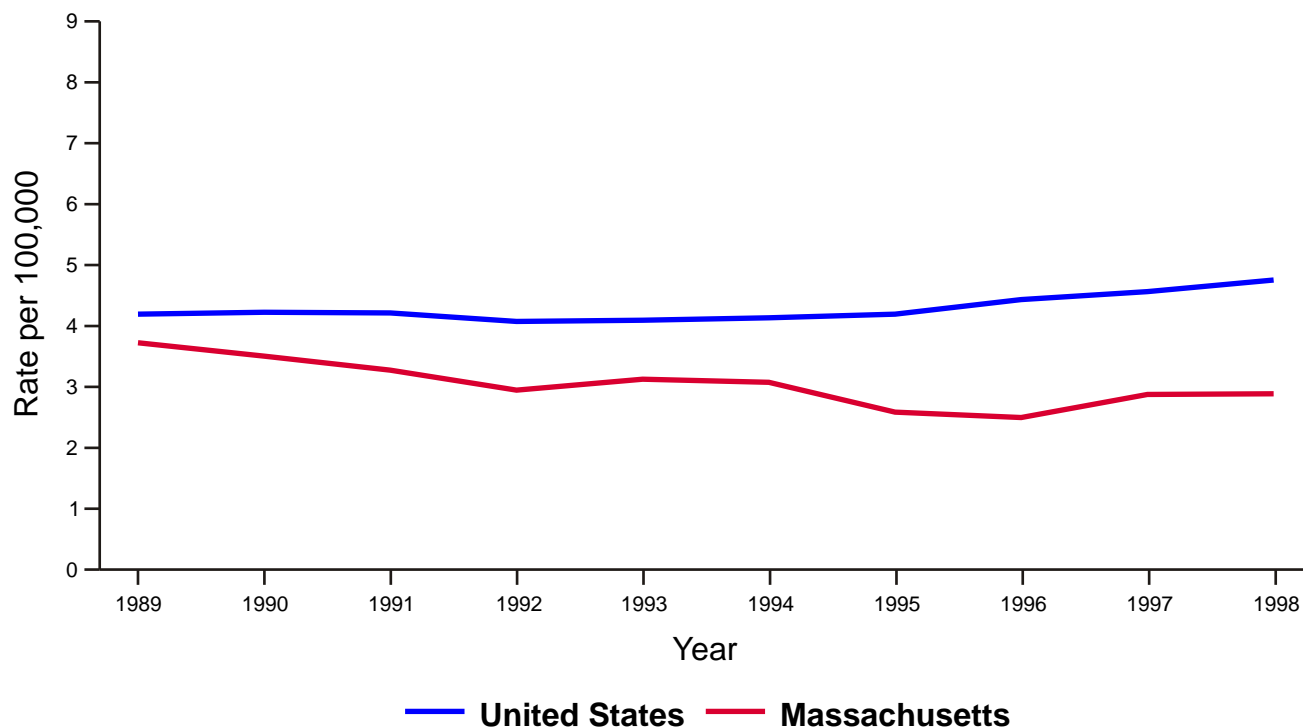
United States and Massachusetts 1989-1998



Unintentional Fall Death Rates United States, 1996-1998



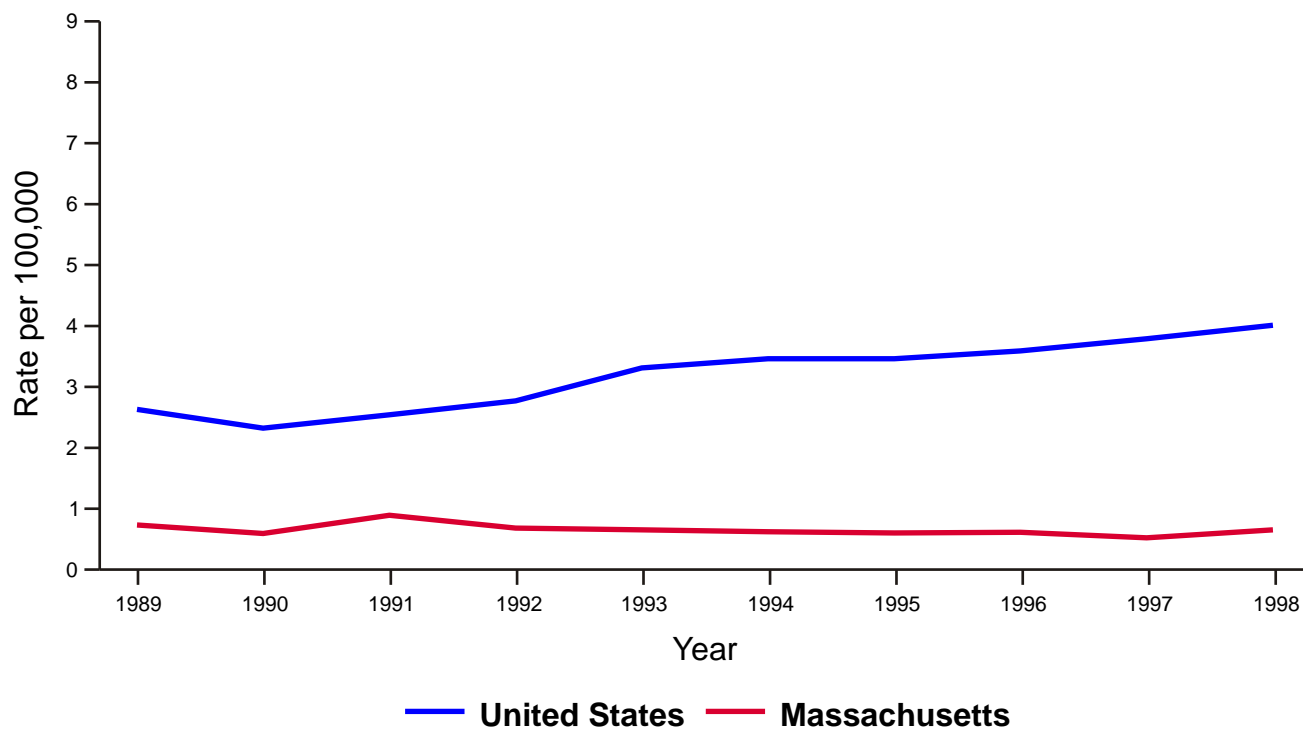
United States and Massachusetts 1989-1998



Unintentional Poisoning Death Rates United States, 1996-1998



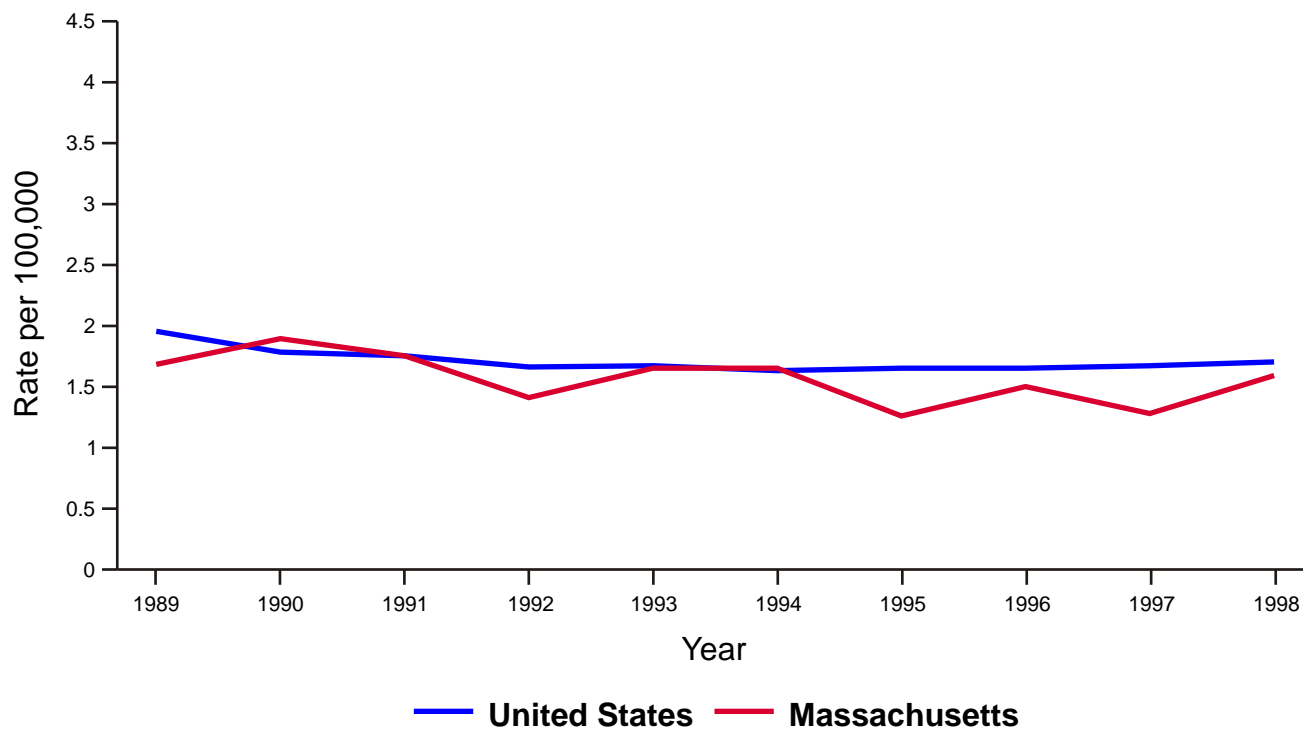
United States and Massachusetts 1989-1998



Unintentional Suffocation Death Rates United States, 1996-1998



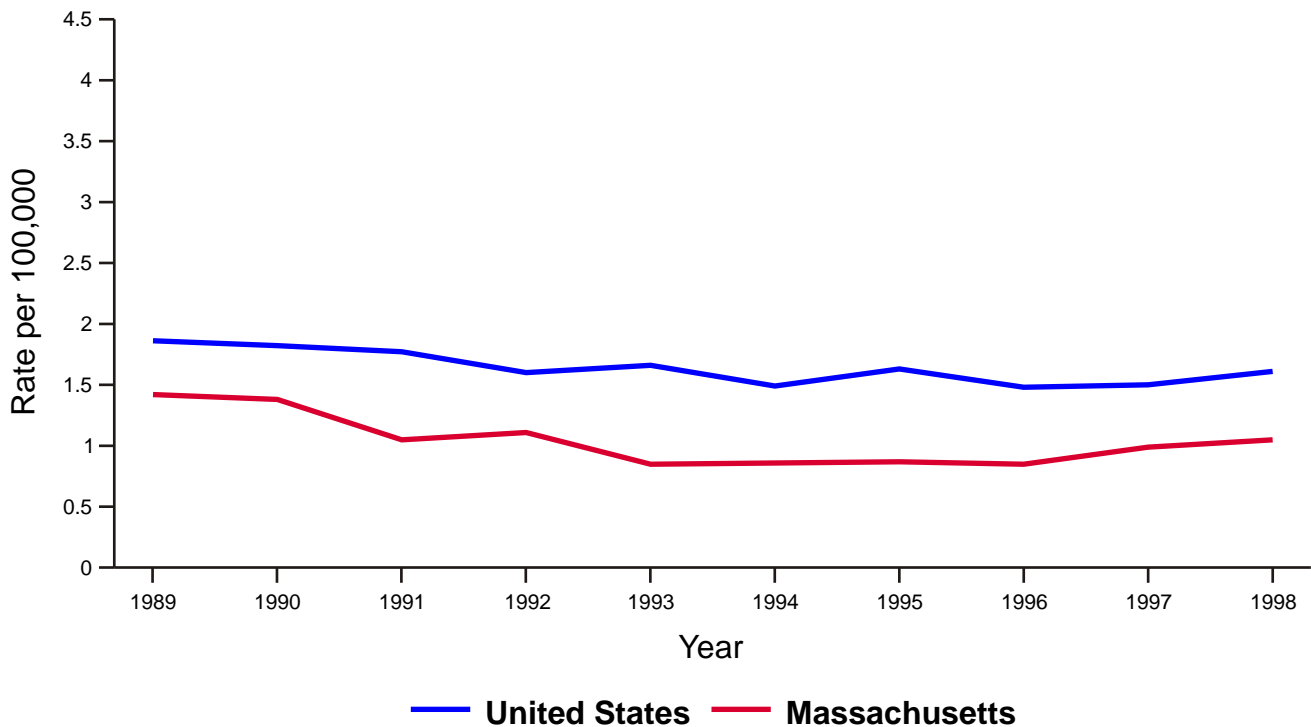
United States and Massachusetts 1989-1998



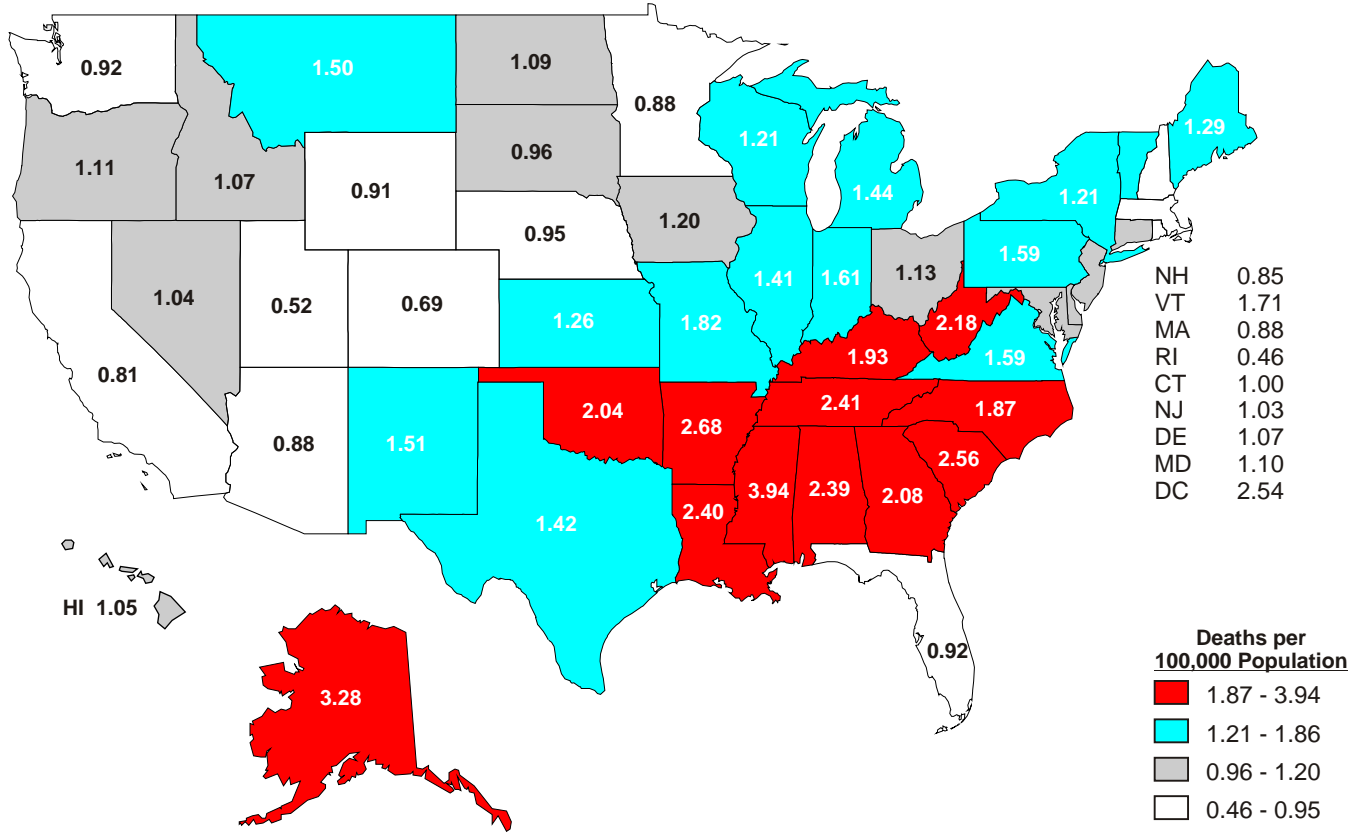
Unintentional Drowning Death Rates United States, 1996-1998



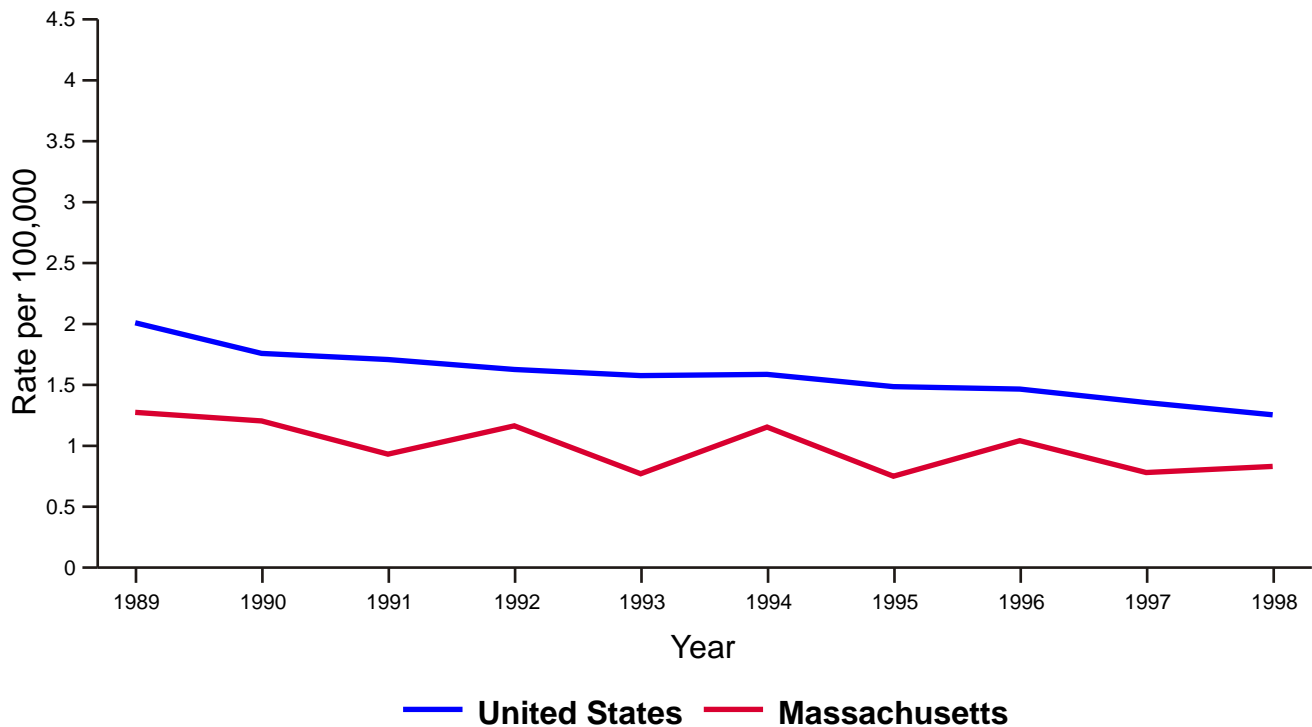
United States and Massachusetts 1989-1998



Unintentional Fire and Burn-Related Death Rates United States, 1996-1998



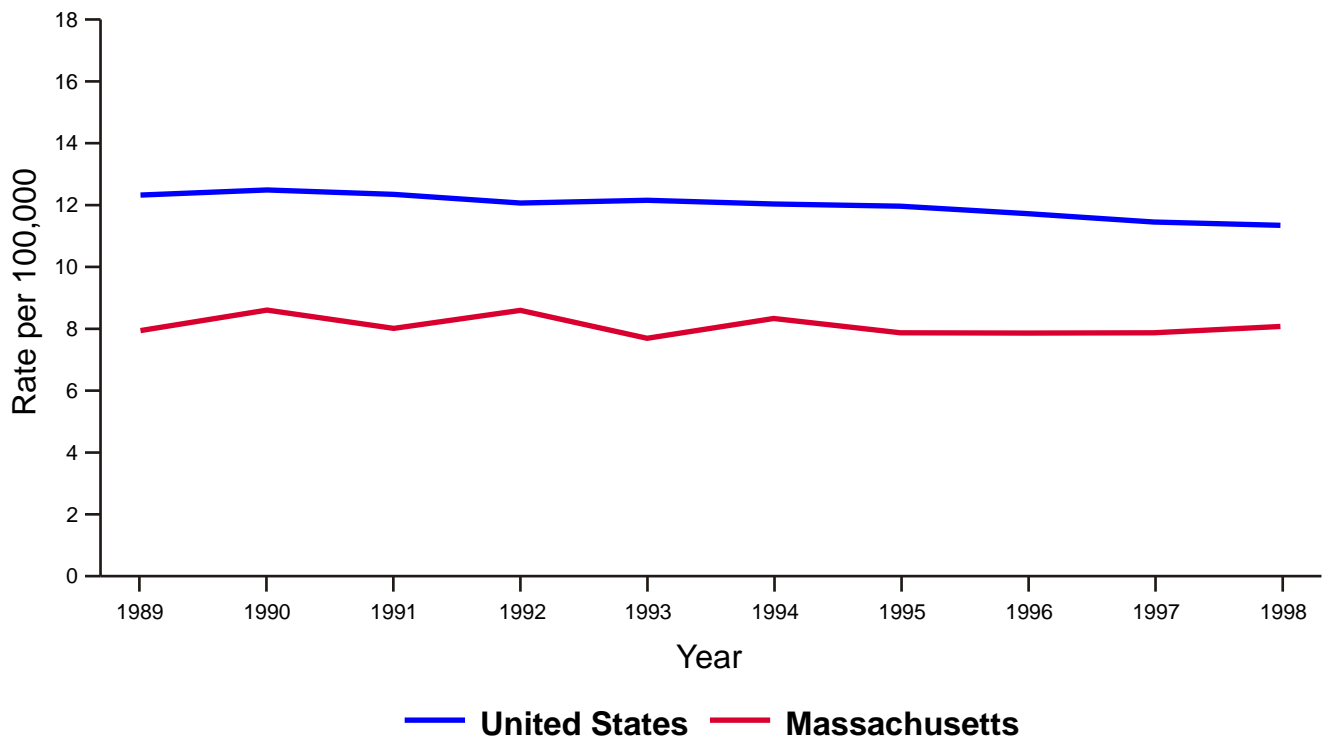
United States and Massachusetts 1989-1998



Suicide Death Rates United States, 1996-1998



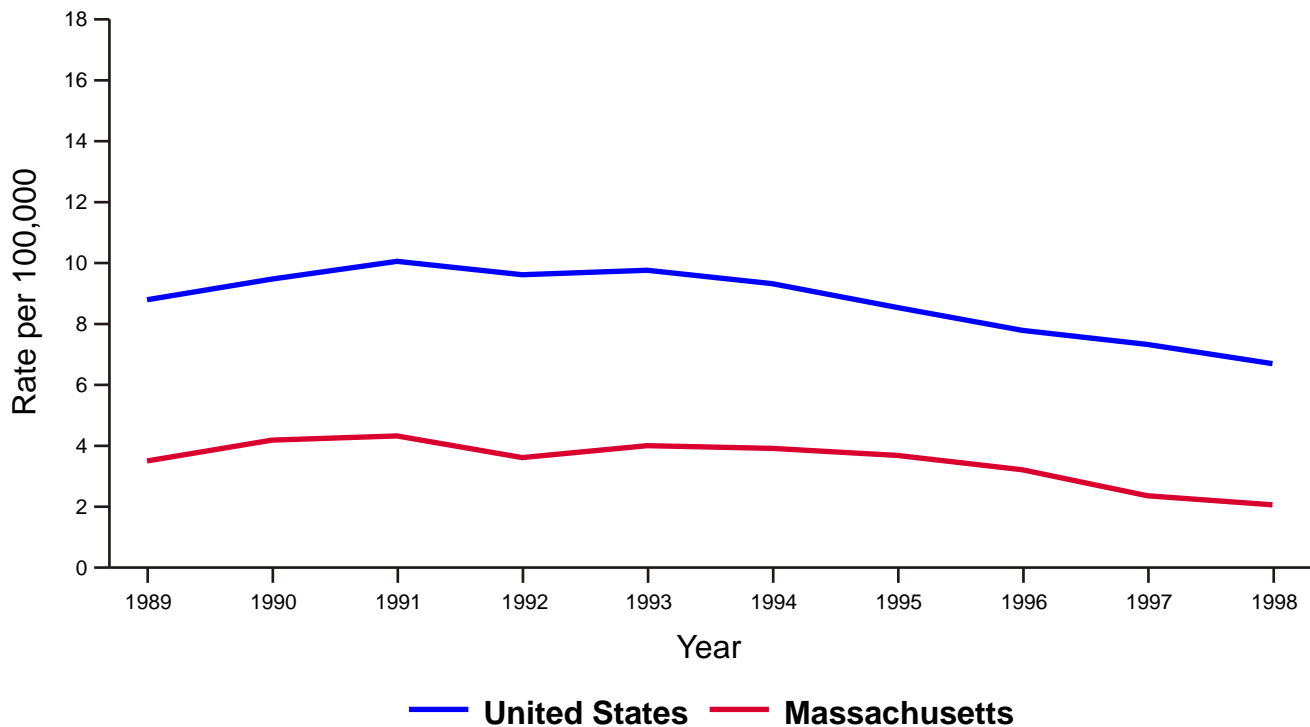
United States and Massachusetts 1989-1998



Homicide Death Rates United States, 1996-1998



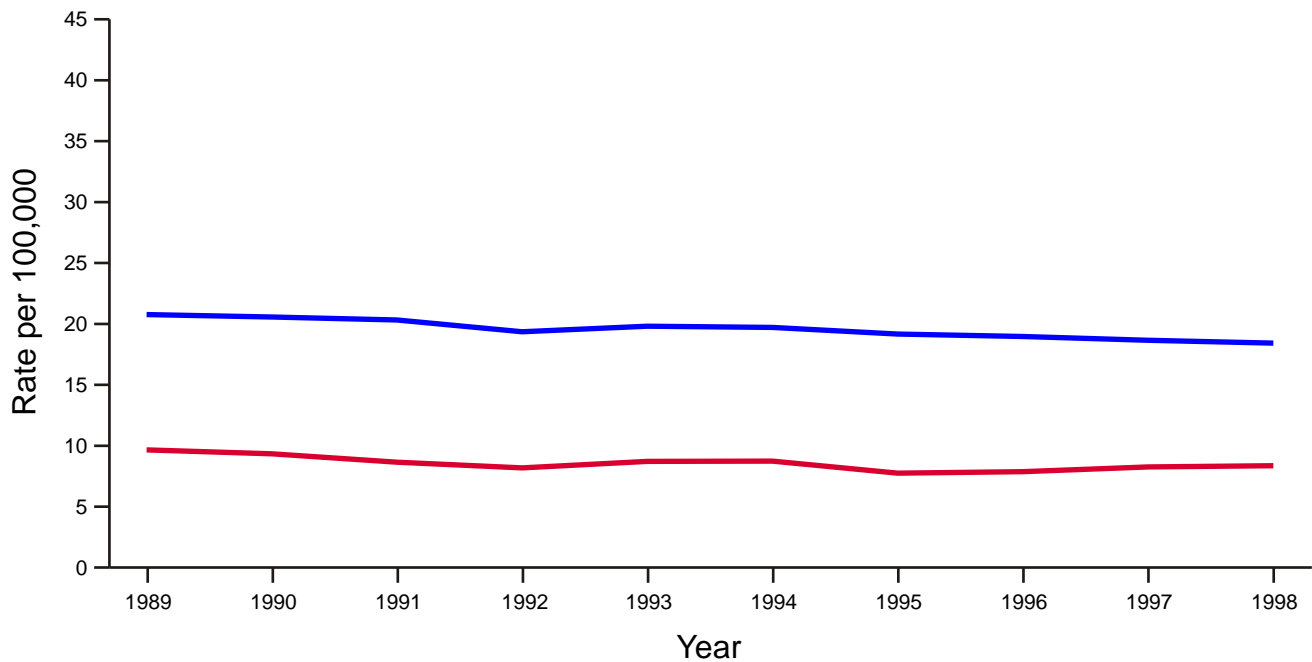
United States and Massachusetts 1989-1998



Traumatic Brain Injury-Related Death Rates* United States, 1996-1998



United States and Massachusetts 1989-1998



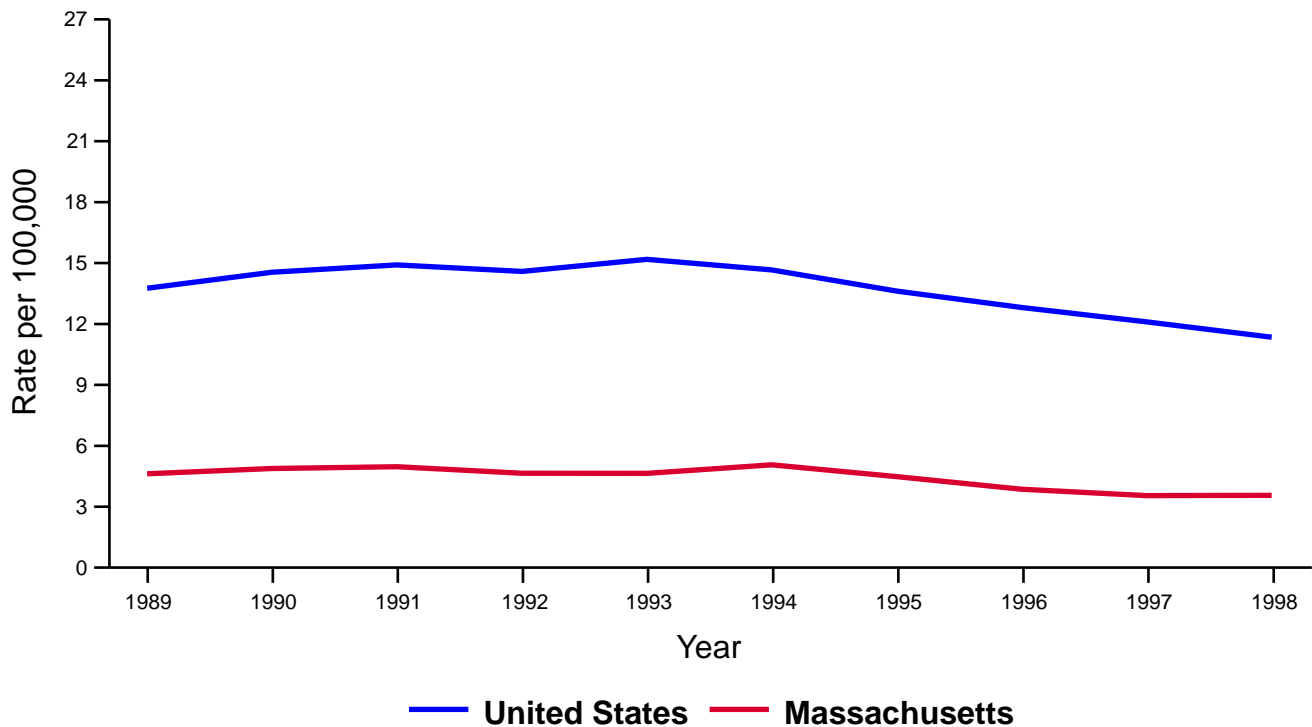
— United States — Massachusetts

* Includes unintentional and intentional deaths from motor vehicles, firearms, falls, and other causes (of determined and undetermined intent).

Firearm-Related Death Rates United States, 1996-1998

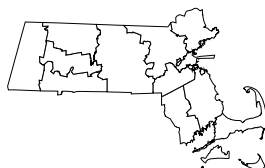


United States and Massachusetts 1989-1998

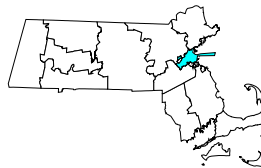


* Includes deaths from firearm suicide, firearm homicide, unintentional firearm-related deaths, and firearm-related deaths of undetermined intent.

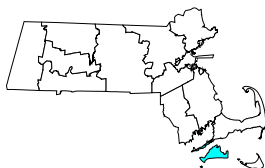
Massachusetts 1989-1998



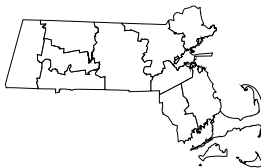
Motor Vehicle
548 Deaths/Year
 U.S. 16.4
 MA 8.81



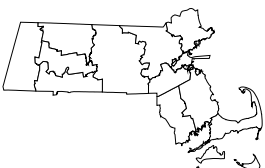
Homicides
216 Deaths/Year
 U.S. 8.7
 MA 3.5



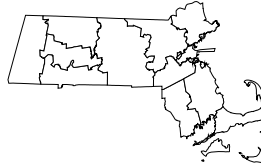
Falls
191 Deaths/Year
 U.S. 4.3
 MA 3.0



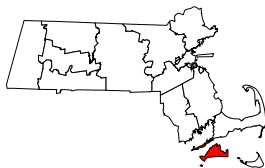
Suicides
500 Deaths/Year
 U.S. 12.0
 MA 8.1



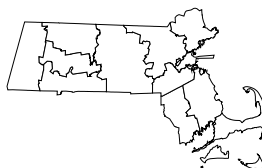
Fires/Burns
62 Deaths/Year
 U.S. 1.6
 MA 1.0



Firearms
273 Deaths/Year
 U.S. 13.7
 MA 4.4



Drownings
63 Deaths/Year
 U.S. 1.7
 MA 1.0





Traumatic Brain Injury
536 Deaths/Year
 U.S. 18.5
 MA 8.6



Poisonings
40 Deaths/Year
 U.S. 3.2
 MA 0.6

Legend

 At or above the 90th NATIONAL percentile

 At or above the 75th but less than the 90th NATIONAL percentile

CDC-Funded Injury Control Projects

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CDC-Funded Injury Control Projects in MASSACHUSETTS

CDC's National Center for Injury Prevention and Control (NCIPC) funds 11 programs in Massachusetts to build the state's ability to keep its citizens safe. Massachusetts is home to one of the United States' 10 Injury Control Research Centers. New this year is an Academic Center of Excellence on Youth Violence. Both Centers are housed at the Harvard University.

Injury Control Research Centers

The Harvard Injury Control Research Center

Injury Control Research Centers conduct research in the three core phases of injury control — prevention, acute care, and rehabilitation — and serve as training and information centers. ICRC research is interdisciplinary, incorporating medicine, engineering, epidemiology, law, and criminal justice, behavioral and social sciences, biostatistics, public health, and biomechanics. The multi disciplinary unit based at the Harvard School of Public Health accomplishes its theme, "injury control through public policy," through applied research projects, training activities, and communication with professionals and the public. The center focuses on three priority programs: trauma care systems, violence prevention, and traffic injury prevention. (*Harvard University*)

National Academic Centers of Excellence

National Academic Centers of Excellence on Youth Violence

Harvard University is one of ten centers created in October 2000 to link university-based research into violence with community programs to address youth violence. The Harvard Youth Violence Prevention Center was named a 'comprehensive' center for building the scientific infrastructure needed to support development and application of effective youth violence interventions. The center will also promote disciplinary research, foster collaboration between researchers and communities, and empower communities to address youth violence. (*Harvard University*)

Core Injury Programs

State-Based Core Injury Program Development

Massachusetts is one of 23 states receiving CDC funding to establish a point of coordination for injury control efforts, assess injury data and surveillance resources within the state, and develop a state injury control plan. A core injury development program is a cooperative effort to develop or strengthen the capacity of state public health agencies to prevent and control injuries. These programs possess some combination of these features and tools:

- 1) injury prevention coordinator;
- 2) up-to-date profile of injuries within the state from existing data sources;
- 3) advisory structure to facilitate collaboration with public and private sector groups;
- 4) relationships with organizations, agencies, and individuals interested or experienced in injury prevention or control; and
- 5) a current plan for injury prevention and control based on the state's priorities.

One funded Massachusetts program will create a statewide plan for injury prevention, strengthen current and future program functions, and distribute injury data for public use. (*Massachusetts Department of Public Health*)

A second funded program will strengthen existing surveillance capabilities and develop a comprehensive, statewide injury surveillance system. (*Massachusetts Department of Public Health*)

Intentional Injury

Evaluation of Violence Prevention Programs for High-Risk Youth

This project evaluates violence prevention programs for high-risk youth ages 13–17 who are treated in emergency departments for injuries resulting from intentional assaults. “Boston Cares” seeks to reduce re-injury among such youth by linking them with local community-based agencies that provide them services or further referral. It also fosters collaboration between the hospital/medical community and community-based agencies that assist youth at risk of violence. Researchers will conduct a formative evaluation of procedures and protocols, explore the extent to which the key barriers to successful implementation were identified and addressed, and compare treatment and control subjects on measures of intermediate and ultimate outcomes. (*Education Development Center, Inc., Newton*)

Coordinated Community Responses to Prevent Intimate Partner Violence

This is one of 10 projects demonstrating different community responses to intimate partner violence. Dorchester's families will use the diverse racial, ethnic, and religious resources that have traditionally sustained them. The project will enhance operations in the community, expand and institutionalize abuse prevention capacity within member institutions, and shape a coordinated program of primary prevention and victim services that is more family- and community-centered. (*Federated Dorchester, Dorchester*)

Culturally appropriate Demonstration Projects for Early Intervention and Prevention of Intimate Partner Violence and Sexual Violence Among Racial and Ethnic Minorities

This project seeks to increase knowledge and skills that will enable men to remain non-violent toward their partners. It will develop, implement, and evaluate two linguistically and culturally appropriate intimate partner and sexual violence prevention programs for African American and Latino fathers. The project will also create culturally appropriate support groups for African American and Latino women in the Boston area. (*Boston Public Health Commission*)

A second demonstration project will establish localized service networks composed of community-based programs that serve victims, perpetrators, and child victims and witnesses of intimate partner violence and sexual violence in a culturally appropriate manner. The target populations will be Hispanic American, African American, Asian American, and Native American residents of Massachusetts. (*Massachusetts Department of Public Health*)

Reach for Health Study of Adolescent Suicidal Behaviors

This study examines violence, sex, and drug risks among minority adolescents seeking to reduce risks related to suicide. It builds on Reach for Health (RFH), a longitudinal study that looks at risk behaviors related to violence, alcohol and substance use, and early and unprotected sex among economically disadvantaged minority youth. Investigators propose collecting data about mental health and suicidal behavior to:

- 1) investigate the emergent health risk of suicide in a relatively understudied population;
- 2) examine this risk in the context of other, potentially related risk behaviors, including interpersonal violence and weapon carrying; and
- 3) examine the effectiveness of the RFH school-based interventions.

(Education Development Center, Inc., Newton)

Rape Prevention and Education

A nationwide grant program providing resources to states for rape prevention and education programs conducted by rape crisis centers, State sexual assault coalitions, and other public and private nonprofit entities for:

- 1) educational seminars;
- 2) operation of hotlines;
- 3) training programs for professionals;
- 4) preparation of informational material;
- 5) education and training programs for students and campus personnel designed to reduce the incidence of sexual assault at colleges and universities;
- 6) education and training to increase awareness about drugs to facilitate rapes or sexual assaults; and
- 7) other efforts to increase awareness about, or to help prevent, sexual assault, including efforts to increase awareness in underserved communities and awareness among individuals with disabilities.

(Massachusetts Department of Public Health)

Unintentional Injury

Community-Based Intervention Research for Children in Motor Vehicles

For decades we have known that the rear seat is safer than the front seat for all occupants, but the widespread introduction of passenger air bags brings urgency to the need to move children to the rear seat. This project will design, implement, and evaluate a controlled trial of a community-based intervention to increase the proportion of children under age 12 who ride in the rear seat of motor vehicles. The intervention will combine risk communication and incentives to change parents' attitudes and behaviors. *(Harvard Center for Risk Analysis)*

Notes